

## **Standing Orders for Administering Meningococcal Vaccine (MENVEO®) to Children and Adolescents**

**Purpose:** To reduce morbidity and mortality from meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135 by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate children and adolescent patients who meet the criteria below.

### **Procedure**

1. Identify children and adolescents in need of vaccination against meningococcal disease based on any of the following criteria:
  - age 11 through 17 years and unvaccinated
  - age 17 years and anticipated first-year college student living in a residence hall and unvaccinated
  - age 2 months through 17 years with a diagnosis of persistent complement component deficiency (an immune system disorder) or diagnosis of anatomic or functional asplenia (including sickle-cell disease)
  - age 2 months through 17 years who are part of an outbreak attributable to a vaccine serogroup
  - age 2 months through 17 years with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged (refer to current CDC Yellow Book, TRAVAX or other travel medicine guidelines)
  
2. Screen all patients for contraindications and precautions to meningococcal vaccine:

#### **Contraindications:**

- a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

#### **Precaution:**

- moderate or severe acute illness with or without fever
- pregnancy; delay vaccination until after completion of the pregnancy
- because vaccinees may develop syncope, sometimes resulting in falling with injury, observation for 15 minutes after administration is strongly recommended
- For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Provide vaccination as follows:
  - for children age 11-12 years, provide a single dose as part of routine immunizations
  - for adolescents age 13-17 years who have not previously received meningococcal vaccine, give 1 dose as soon as possible

**Note:** ACIP recommends a 2-dose primary series for all high-risk patients 24 months of age and older. Additionally, the ACIP recommends a routine booster dose for patients aged 16-17 who received their initial MENVEO vaccine at age 11-12. These recommendations are **considered off-label** for MENVEO and thus for patients aged 18-55 years, the 2<sup>nd</sup> dose would not be covered under this standing order. Please consult with the patient's primary care manager for an appropriate order if indicated.

  - In high-risk infants 2-6 months of age, administer MENVEO as a 4-dose series at 2, 4, 6 and 12 months or age.
  - In high-risk children initiating vaccination at 7 months through 23 months of age, MENVEO is to be administered as a two-dose series with the second dose administered at least 12 weeks after the 1<sup>st</sup> dose AND after the 1<sup>st</sup> birthday
  - In high-risk children 2-10 years of age, MENVEO may be administered as a single dose with a second dose administered 2 months after the first dose.
  - In high-risk individuals 11-17 years of age, MENVEO is to be administered as a single dose.
5. Administer 0.5 mL of age-appropriate vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for patients age 3 years and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 gauge needle. Choose needle length appropriate to the patient's age and body mass.
6. Documentation
  - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

8. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at <https://vaers.hhs.gov>.

9. This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

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Medical Director's Signature

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Date